### Instructions for Monthly Report of Operation - Activated Sludge Type Wastewater Treatment Plant - Standard Form

State Form 53463 (8-07)

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to <a href="mailto:ddaily@idem.IN.gov">ddaily@idem.IN.gov</a>.

#### Instructions

General information (Facility Name, Permit Number, etc.) needs to be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them.

If you are testing for TBOD rather than CBOD, please make that correction to the column headings.

For those columns that have "indefinite" headings (e.g. "hrs. or gal x 1000"), revise the heading to reflect your data.

pH - if only one sample is taken per day, report that value only in the "low" column.

#### **Notes**

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

"Freeze Panes" has been used to keep row and column labels visible as you scroll.

This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

#### - Seeing this in a cell usually indicates you've hit the space bar (or something other than just a number) in one of the cells used to calculate the value in the cell containing these pound signs.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification. Should you find it necessary to remove the cell protection, the password is mro.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form doesn't print properly onto 5 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



### **Monthly Report of Operation** Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)

Name of Facility		Permit Number				
Month	Year	Plant Desig	n Flow	Telephone Number		
January			mgd			
Facility's e-mail add	dress (if available):					

	State Form 53463 (8-07)									Certified Ope			ilabiej.	Class	Certificate	Number	Expirati	ion Date
		nly)	al)	Total=		flow	CI	HEMICA USED					RAW	SEWAG	E			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	рН	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

#### Signature of Certified Operator **Monthly Report of Operation** Date (month, day, year) **Activated Sludge Type Wastewater** Treatment Plant — Standard State Form 53463 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: January 0 PRIMARY AERATION SECONDARY FINAL EFFLUENT **EFFLUENT** MIXED LIQUOR RETURN SLUDGE **EFFLUENT** Settleable Solids % in 30 minutes Sludge Vol. Index - ml/gm Coli - colony/100 ml oH - daily high (if multiple samples) Dissolved Oxygen -mg/l Dissolved Oxygen -mg/l Residual Chlorine -Contact Tank pH - daily low (or single sample) Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Susp. Solids - mg/l Residual Chlorine Phosphorus - mg/l emperature - F Day Of Month CBOD5 - mg/l CBOD5 - mg/l /olume - MG 3 4 5 6 8 9 10 11 12

State Form 53463 (8-07)

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lame of Facility	Permit Number	For Month Of:	Year
		January	

Signature of Certified Operator

Date (month, day, year)

Signature of principal executive officer or authorized agent

Date (month, day, year)

		FINAL EFFLUENT															
		Flo	w		BC	DD		Tota	al Suspe	nded So	olids		Amn	onia		Oth	er
ಜ ಜ Bay Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY REMOVAL SUMMARY										
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)						
Primary Treatment											
Secondary Treatment					Percent Capacity						
Tertiary Treatment					(actual flow/design)						
Overall Treatment											

State Form 53463 (8-07)								
Name of Facility	Permit Number	For Month Of:	Year					
		January						

	Signature of Certified Operator	Date ( <i>month, day, year</i> )
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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	SLUD	GE TO					DIGESTER OPERATION							
	DIGE	STER	Ana	erobic (	Only							<u>_</u>		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephone	Number
February			mgd		
Facility's e-mail addr	ess (if available):				
Certified Operator: Nan	ne	Class	Certificate	Number	Expiration Date

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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.    Signature of principal executive officer or authorized agent   Date (month, day, year)																		

State Form 53463 (8-07)
Name of Facility

Permit Number	For Month Of:	Year
	February	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	PRIM	IARY				RATIO	N			SECO	NDARY			FINAL	EFFLU	ENT		
	EFFL	UENT		MIXE	D LIQUOI	3		RETURN	SLUDGE	EFFL	UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report	of Operation			Signature of Certified Operator	Date (month, day, year)
Activated Sludg	e Type Wastewa	ter			
Treatment Plant	— Standard				
State Form 53463 (8	-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year		==== (, ==y, y==/
		February			

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		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amm	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY RE	MOVAL SUMMA	ARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Activa	ly Repo ted Slu nent Pl	idge T	ype Wa	astewa	ter		Signature o	of Certified (	Operator			Date (n	nonth, day, y	iear)
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Name of Facil		Permit Number	er	For Month Of	:	Year	signature o	ıı prıncıpal €	executive of	ncer or auth	orized agen	i pate (n	nonth, day, y	rear)
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	SLUDO	GE TO	And	aerobic (	2nly		DIG	ESTER (	OPERAT	ION				
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Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility		Pern	nit Number	
Month	Year	Plant Design Flo	w Telephone	Number
March		mg	gd	
Facility's e-mai	l address (if availab	ole):		
Certified Operato	r: Name	Class Ce	ertificate Number	Expiration Date

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		у)	(	Total=		W	CI	HEMICA	LS				RAW	SEWAG	Ē				
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs		Phosphorus - mg/l	Ammonia - mg/l	
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		ent for kn				includir	ig the po	ssibility of	iine and										

Activ Treat	ated S ment	ludge Plant –	FOpera Type W - Stand	Vastew	ater					Signature	of Certified	l Operator			D	ate ( <i>mon</i>	th, day, y	ear)
State F		463 (8-0	7)	Permit Number	er	For Month (	Of-	Year		Signature	of principa	I executive	officer or a	uthorized	agent D	ate (mon	th, day, y	ear)
						March	J											
I	PRIM	IARY			ΔF	RATIO	N			SECO	IDARY			FINAL	FFFI U	FNT		
	EFFL			MIXE	D LIQUOI			RETURN	SLUDGE	EFFL								
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
Day	CBC	Sus	Sett minu	Sus	Slud	Diss mg/	Ten	Volt	Sus	CB(	Sus	Res Cor	Res Fina	Ш	pH (or s	pH. (if m	Diss mg/l	Pho
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Data																		
Comme	ents for th	ie Month	(major rep	oairs, brea	akdowns,	process	upsets	s and thei	r causes,	inplant tro	eatment p	orocess by	/pass, etc	):				

Act	tivat	y Report of O ed Sludge Ty ent Plant — S	pe Wastewa	ter		Signature o	of Certified O	perator				Date ( <i>month,</i>	day, year)	
Stat		rm 53463 (8-07)	Permit Number	For Month Of:	Year	_Signature o	of principal ex	cecutive office	cer or author	rized agei	nt I	Date ( <i>month,</i>	day, year)	
				March	FINAL F	FFLUENT								
		Flow		BOD		tal Suspe		lids		Amn	nonia		Oth	ner
								ay						

				-			FII	NAL EFI	FLUENT								
		Flo	ow		BC	DD		Tota	al Suspe	nded So	olids		Amm	nonia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY RE	MOVAL SUMMA	ARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Signature of Certified Operator Date (month, day, year)

State Form 53463 (8-07)

Name of Facility For Month Of: March

Signature of principal executive officer or authorized agent Date (month, day, year)

	SLUD	GE TO					DIG	ESTER (	OPERAT	TION			
	DIGE	STER	Ana	erobic (	Only							<b>c</b>	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Numb	er
Month	Year	Plant Desig	n Flow	Telephone Number
April			mgd	
Facility's e-mail addr	ess (if available):			
Cartified Operator: Nan	00	Class	Cortificato	Number Expiration Date

		nly)	al)	Total=		low	Cł	HEMICAI USED	LS				RAW	SEWAG	iΕ			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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# Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Name of Facility Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent April Date (month, day, year)

	PRIM	<b>MARY</b>	T MIXED LIQUOR RETURN SL							SECONDARY FINAL EFFLUENT								
	EFFL	UENT	MIXED LIQUOR RETURN SLUDGE <b>EFFLUENT</b>															
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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ame of Facility	Permit Number	For Month Of:	Year
		April	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

							FI	NAL EF	FLUENT					· ·			
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amm	onia	1	Oth	er
. Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY RE	MOVAL SUMMA	ARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Signature of Certified Operator	Date (month, day, year)

State Form 53463 (8-07)

Permit Number For Month Of: Year

April 0

Signature of principal executive officer or authorized agent Date (month, day, year)

	SLUD	GF TO					DIG	ESTER (	OPERAT	TION			
	DIGE	STER	Ana	erobic (	Only		5.0		J			_	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:



State Form 53463 (8-07)

Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephone	Number
Мау			mgd		
Facility's e-mail add	ess (if available):				
Certified Operator: Na	me	Class	Certificate	Number	Expiration Date

	Total=   (A   C   C   C   C   C   C   C   C   C																	
		ly)	(I	Total=		wo	Cl	HEMICA USED	LS				RAW	SEWAG	iΕ			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

# Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Name of Facility Permit Number For Month Of: May May Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent May Date (month, day, year)

	PRIM	IARY			AE	RATIO	N			SECO	NDARY	T						
	EFFL	UENT		MIXE	D LIQUO			RETURN	SLUDGE		UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

<b>Monthly Report of</b>	Operation			Signature of Certified Operator	Date (month, day, year)
Activated Sludge	Type Wastewa	ter			
Treatment Plant -	- Standard				
State Form 53463 (8-0	7)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year	orgranare or printspar oncountry of the dutition and agonit	Bate (memin, day) year)
		May			

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		Fle	ow		ВС	OD		Tota	al Suspe	nded So	olids		Amm	nonia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY RE	MOVAL SUMMA	ARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

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	ly Rep						Signature d	of Certified (	Operator			Date (n	nonth, day, j	year)
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Treatn	nent Pl	ant —	Standa	ard										
State Fo	rm 5346	3 (8-07)					Signaturo d	of principal of	avacutiva of	ficer or auth	orized agen	t Date (n	nonth day	voar)
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						Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	_	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withd hrs. or Gal. x 1000	odn L N	Total Solids Sludge - %	ota Iud	olat Iudç	olat Iudę	Digested Sludge W hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



State Form 53463 (8-07)

Name of Facility	y		Permit Numb	er	
Month	Year	Plant Design	n Flow	Telephone	e Number
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Facility's e-ma	ail address (if availabl	le):	,		
Certified Opera	tor: Name	Class	Certificate	Number	Expiration Date

Class

Certificate Number

Expiration Date

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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Н	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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### Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Name of Facility Permit Number For Month Of: Year Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year)

June

	PRIM	IARY			AE	RATIO	N			SECO	NDARY			FINAL	EFFLU	ENT		
	EFFL	UENT		MIXE	D LIQUOI	R		RETURN	SLUDGE	EFFL	UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53463 (8-07)			
Name of Facility	Permit Number	For Month Of:	Year
		June	

Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year)

							FI	NAL EFI	FLUENT								
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	MONTHLY RE	MOVAL SUMM	ARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Signature of Certified Operator

Date (month, day, year)

State Form 53463 (8-07)

Signature of principal executive officer or authorized agent Date (month, day, year) Name of Facility For Month Of: June

	SLUD	GE TO					DIG	ESTER (	OPERAT	TION				
	DIGE	STER	Ana	erobic (	Only		2.0					_		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



State Form 53463 (8-07)

Name of Facility			Permit Numb	er
Month	Year	Plant Desig	n Flow	Telephone Number
July			mgd	
Facility's e-mail addr	ess (if available):			

Class

Certificate Number

CHEMICALS RAW SEWAGE USED  Lip & Lip																		
		nly)	ional journal															
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Н	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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imprisonment for knowing violations.																		

Certified Operator: Name

# Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Name of Facility Permit Number For Month Of: July Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent July

	PRIM	IARY			AE	RATIO	N			SECO	NDARY			FINAL	EFFLU	ENT		
		UENT		MIXE	ED LIQUOI			RETURN	SLUDGE		UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

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lame of Facility	Permit Number	For Month Of:	Year
		July	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

							FI	NAL EF	LUENT			Ammonia					
		Fle	ow		BO	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 53463 (8-07)

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Name of Facility	Permit Number	For Month Of:	Year
		July	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	SLUD	GE TO					DIG	ESTER (	OPERAT	TION			
	DIGE	STER	Ana	erobic (	Only							Ę	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Numb	er
Month	Year	Plant Desig	n Flow	Telephone Number
August			mgd	
Facility's e-mail addr	ess (if available):			

Total= CHEMICA										Certified Ope	rator: Nar	ne	i	Class	Certificate	Number	Expirati	on Date
				Total-	<u> </u>		CI	IEMICΔI	S				RΔW	SEWAG	F			
		nly)	al)	Total=		flow	<u> </u>	USED						<u> </u>				
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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pena	lties fo		ting fals	e inform	ation,			ssibility of		nd								

# Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Name of Facility Permit Number For Month Of: August Signature of Certified Operator Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent August

	DDIA	AADV								SECONDARY FINAL EFFLUENT								
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Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form:	53463	(8-07)	
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rate : 01111 00 100 (0 01)			
ame of Facility	Permit Number	For Month Of:	Year
		August	

Signature of Certified Operator	Date ( <i>month, day, year</i> )
Signature of principal executive officer or authorized agent	Date (month, day, year)

							FI	NAL EF	LUENT						ı		
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amm	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY											
BOD5	S.S.	Ammonia	Phosphorus	(million gallons)							
				Percent Capacity							
				(actual flow/design)							

Activa	ted Slu	ort of 0 udge T ant —	ype Wa	astewa	ter		Signature o	of Certified (	Operator			Date	(month, da	y, year)
	orm 5346		Stariua	aru										
Name of Faci		Permit Numb	er	For Month Of	:	Year	Signature of	of principal e	executive of	ficer or auth	norized ager	nt Date	(month, da	y, year)
				August										
				August										
	SLUD	GE TO					DIG	ESTER (	OPERA1	ION				
	DIGE	STER	Ana	erobic (	Only			1	_			u/		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:

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Name of Facility			Permit Numb	er	
Month	Year	Plant Desig	n Flow	Telephone	e Number
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Facility's e-mail ad	ddress (if available):				
Cortified Operator: N	Jama	Class	Cortificato	Numbor	Expiration Data

										Certified Ope	rator: Nan	ne	1	Class	Certificate	Number	Expirati	on Date
				Total=		>	Cl	IEMICA	LS				RAW	SEWAG	Ε			
		only	nal)			ərflo		USED	7 Y									
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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### Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Name of Facility Permit Number For Month Of: Year Signature of Certified Operator Date (month, day, year) Signature of principal or executive or athroized agent Date (month, day, year)

September

	PRIM	IARY	AERATION							SECO	NDARY	FINAL EFFLUENT						
	EFFL	UENT		MIXE	ED LIQUOI	R		RETURN	SLUDGE		UENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report	t of Operation			Signature of Certified Operator	Date (month, day, year)
Activated Sludg	ge Type Wastewa	ter			
Treatment Plan	t — Standard				
State Form 53463 (	8-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year	_ organical of principal oxideating condenses of data of the agont	Bate (meman, day) year y
		September			

							FI	NAL EFI	FLUENT								
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Otl	her
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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		Total Monthly Flow:			
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly R	eport of Oper	ation		Signature of Certified Operator	Date (month, day, year)
Activated	Sludge Type	Wastewater			
Treatment	Plant — Star	ndard			
State Form 5	3463 (8-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year	orginalars or principal executive emissi or admented agent	Date (memai, day, year )
		September			
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	SLUD	GE TO					DIG	ESTER (	OPERA	TION		<u> </u>	
	DIGE	STER	Ana	erobic (	Only							_	
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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State Form 53463 (8-07)

Name of Facility			Permit Numb	er
Month	Year	Plant Desig	n Flow	Telephone Number
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Facility's e-mail addr	ess (if available):			

										Certified Ope	rator: Nar	ne	İ	Class	Certificate	Number	Expirati	on Date
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Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

# Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07) Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent October Date (month, day, year)

	PRIM	IARY	I		ΔF	RATIO	N			SECO	NDARY	I		FINAL	FFFI I	IFNT		
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Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
th Of: Year	The state of the s	
ber		
	n Of: Year	Signature of principal executive officer or authorized agent

							FI	NAL EF	FLUENT						•		
		Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	onia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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Max																	
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Data																	

	MONTHLY RE	MOVAL SUMMA	ARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Activa Treatn	ted Slu nent Pl	ant —	ype Wa	astewa	ter		Signature o	of Certified (	Operator			D	ate ( <i>month, da</i>	y, year)
State Fo		3 (8-07) Permit Number	or	For Month Of		Year	Signature of	of principal e	executive of	ficer or auth	norized ager	nt D	ate ( <i>month, da</i>	y, year)
Name of Faci	шу	Permit Numb	er			rear								
				October	•									
	SLUD	GE TO					DIG	ESTER (	OPERAT	ION				
		STER	Ana	aerobic (	Only							۶		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn brs. or Gal. x 1000		
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Avg. Max. Min. Data



State Form 53463 (8-07)

Name of Facility			Permit Number	er
Month	Year	Plant Desig	n Flow	Telephone Number
November			mgd	
Facility's e-mail addr	ess (if available):			

Certificate Number

		(ýlr	al)	Total=		low	Cł	HEMICA USED					RAW	SEWAG	SE.			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Н	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Certified Operator: Name

Date (month, day, year)

Signature of principal executive officer or authorized agent

State Form 53463 (8-07)

Name of Facility

November

Date (month, day, year)

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		MARY UENT		MIXE	D LIQUOI	RATIO	IN	RETURN	SLUDGE		UENT			FINAL	EFFLU	ENI		
				IVIIAE		` 		KLIUKN	SLUDGE	EFFL	CLITI			T _				
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report	of Operation			Signature of Certified Operator	Date (month, day, year)
Activated Sludg	je Type Wastewa	ter			
Treatment Plant	t — Standard				
State Form 53463 (8	3-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year	1	
		November			

							FI	NAL EF	FLUENT					I.			
		Fle	ow		В	OD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

			Operati				Signature of	of Certified (	Operator			Date (n	nonth, day, j	year)
				astewa	ter									
			Standa	ard										
State Fo	orm 5346	3 (8-07) Permit Numb	er	For Month Of		Year	Signature o	of principal e	executive of	ficer or auth	norized ager	t Date (n	nonth, day, j	year)
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		GE TO					DIG	ESTER (	OPERAT	TION				
	DIGE	STER	Ana	erobic (	Only	_	//	g	-	D	70	۸n		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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State Form 53463 (8-07)

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		<del>                                     </del>		Total=			CI	HEMICA	LS				RAW	SEWAG	SE			
		only)	nal)			rflow		USED			ı							
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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			f Opera		ater					Signature o	of Certified	Operator				Date (m	onth, day,	year)
Treat	ment	Plant -	- Stand															
Name of Fa		463 (8-0	7)	Permit Numb	er	For Month (		Year		Signature o	of principal	executive of	ficer or auth	orized agei	nt	Date (m	onth, day,	year)
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		IARY				RATIO	N				NDARY			FINAL	EFFLU	ENT		
-	EFFL	UENT		MIXE	ED LIQUO	₹ 		RETURN	SLUDGE	EFFL	UENT			_				
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Avg. Max. Min. Data	ents for th	ne Month	(major re	pairs, bre	akdowns,	process	s upsets	s and thei	r causes,	inplant tr	eatment	process by	ypass, etc	2.):				

Monthly Report	of Operation			Signature of Certified Operator	Date (month, day, year)
Activated Sludg	ge Type Wastewa	ter			
Treatment Plan	t — Standard				
State Form 53463 (8	8-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year	g	
		December			
	_		•		

	FINAL EFFLUENT Flow BOD Total Suspended Solids Ammonia																
		Fle	w		ВС	)D		Tota	l Suspe	nded So	olids		Amm	nonia		Oth	er
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)	
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22 23 24 25 26	0 0																
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Data																	

	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

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		ant —			.Ci									
		63 (8-07)	Stariue	ai u										
Name of Facil		Permit Numb	er	For Month Of:		Year	Signature of	of principal e	executive of	ficer or auth	norized ager	nt Date	(month, da	y, year)
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	SLUD	GE TO					DIG	ESTER (	OPERAT	ION		<u> </u>		
	DIGE		Ana	aerobic (	Only		1					_		
nth	) agpr	Sludge )		ction 1000	re - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withd hrs. or Gal. x 1000	Supernataı or NH3-N	Total Solids Sludge - %	Total Solid Sludge - %	Volatile Soli Sludge - %	Volatile Soli Sludge - %	Digested Sluhrs. or Gal.		
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#### **Annual Summation of Monthly Reports of Operation**

Plant Design Flow	
Annual Average Flow	
Capacity Used	

PERCENT REMOVAL SUMMARY														
	BOD5	S.S.	Ammonia	Phosphorus										
Primary Treatment														
Secondary Treatment														
Tertiary Treatment														
Overall Treatment														

	>	CI	HEMICA	LS		RAW SEWAGE									ARY	AERATION						SECO	NDARY			
	only)			<u>∮</u> USED												EFFLUENT		MIXED LIQUOR			RETURN SLUDGE		EFFLUENT			
	Man-Hours at Plant (Plants less than 1 MGD o	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Over ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	Нd	CBOD5 - mg/l	cBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l		l∕gm - ≳GOB⊃	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Volume - MG	Susp. Solids - mg/l	l∕gm - ∂OOS⊃	Susp. Solids - mg/l
Average																										
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Totals																										
No. of Data																										
Estimated Ar	nual Tota	als (Ave	erage X 3	65)		•	•	-		•									-							

											FIN	AL EFFL	.UENT										SLUD	GE TO		
					Fi	ow	BOD			Total Suspended Solids			Ammonia				Other		DIGESTER							
	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average	Oil & Grease (mg/l)		Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000		
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Maximum																										
Minimum		_	,			·			•												•	,	•		_	
Totals																										
No. of Data																										
Estimated An	nual Tot	als (Aver	age X 3	65)																						

				DIG	ESTER (	OPERAT	ION			
	Ana	erobic (	Only						_	٧n
	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000
Average										
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